



Financial Assistance Policy (FAP) Summary

Crisp Regional Hospital, Inc. as a non-profit organization, is committed to providing quality medical care to our patient community, including those in financial difficulty. As a result, our financial assistance program is available based upon eligibility guidelines that focus on a patient's ability to pay for required healthcare services performed at Crisp Regional Hospital. Crisp Regional Hospital will inform their uninsured patients/guarantors of the financial assistance policy (FAP) and will make reasonable efforts to determine an uninsured patient's/guarantor's ability for financial assistance. If the determination is made that an individual is eligible for assistance, the hospital will reverse, when applicable, adverse results of any collection efforts and will refund any over-paid amounts to the individual. The hospital will also issue new billing statements which will represent the amounts generally billed (AGB) to individuals with insurance or found to be financial assistance eligible. This amount will be calculated using the "look back" method, based on actual past claims paid to the hospital by Medicare and private health insurers in the emergency/emergent setting.

Application Process

An uninsured patient/guarantor may apply for financial assistance by completing the assistance application and submitting it, along with the required documents, to Crisp Regional Hospital, PO Box 919, Cordele, GA 31015-0919.

A patient/guarantor may also download the application and FAP policy from the Crisp Regional website, www.crispregional.org; or they pick one up at the Financial Counselor's office at the hospital, or by requesting the document by calling 229-276-3166 or 229-276-2063.

Eligibility Criteria

1. Applicant will be screened for eligibility for any third party payor sources, such as Medicaid, and payment from any source must be exhausted before applicant will be eligible for hospital financial assistance.
2. The applicant must also meet other eligibility requirements which are included in the full financial assistance policy. This policy may also be requested and/or viewed by accessing the addresses, locations, or telephone numbers shown above.(Application Process) Additionally, the policy may be reviewed on public display at the hospital or on the hospital's website; www.crispregional.org.
3. Once the applicant is deemed eligible for assistance, the actual level of assistance will be determined, in part, by comparing the applicant's income to the Federal Poverty Guidelines (FPG), by household income and household size, published each calendar year.
4. Crisp Regional has two levels of assistance;
 - A. Indigent Financial Assistance: Patient's whose income is below 125% of the Federal Poverty Guideline levels, and are classified as Medically Indigent.
Category of Patients under the Indigent Financial Assistance level:
Category 1: Patients who are chronically ill or whose conditions is life threatening.
Category 2: Patients who have short term illnesses or whose conditions are not life threatening.
 - B. Charitable Financial Assistance: Patient's whose income is between 126%-200% of the Federal Poverty Guideline levels, of which will be classified as charitable cases.

Please review our full Financial Assistance Policy and Financial Assistance application for complete detailed information via our website, www.crispregional.org; or you may pick one up at the Financial Counselor's office at the hospital, or by requesting the document by calling 229-276-3166 or 229-276-2061.